

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------|
| FEE DETERMINATION | smc | | 5/4 |
| O.I.P.E. CLASSIFIER | HT | | 5-1-98 |
| FORMALITY REVIEW | HA | 330 | 6/8/98 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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